

**EXPORT DOCUMENT APPLICATION**1. Product type (check only one): ☐ Seafood ☐ Food ☐ Pet food ☐ Drug ☐ Cosmetic ☐ Medical Device

## 2. California Manufacturer's Information (Required)

DHS license/registration number \_\_\_\_\_ Manufacturer name \_\_\_\_\_

Doing Business As (DBA) name, if other than above and you wish this name to appear on the export certificate \_\_\_\_\_

Address (number, street) \_\_\_\_\_ City \_\_\_\_\_ State CA ZIP code \_\_\_\_\_

Contact person's name \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_ FAX number ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

## 3. Exporting Distributor's Information (If applicable)

DHS license/registration number \_\_\_\_\_ Distributor name \_\_\_\_\_

Address (number, street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Contact person's name \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_ FAX number ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

4. Issue certificate in the name of ☐ Manufacturer **OR** ☐ Distributor

## 5. Products to be Shipped (Enter up to four products here or attach a separate list.)

Product	Common Name (i.e., rice cake, lipstick, or shampoo)	Manufacturer	Manufacturer License/Registration Number

Are separate certificates required for each product? ☐ No ☐ Yes Number of products: \_\_\_\_\_  
☐ Additional products on next page ☐ Consumer product (label required) ☐ Bulk product (label required)6. Name of country(ies) where products are to be shipped (A separate certificate is required for each country. Enter up to four countries here or attach a separate list.) ☐ Additional countries list attached

Name of Country(ies)	Number of Certificates	Name of Country(ies)	Number of Certificates
(1)		(3)	
(2)		(4)	

7. Is this document to be notarized? ☐ No ☐ Yes (Do not include notary fees in check to Department of Health Services.)

Name of Notary \_\_\_\_\_

8. Ship via: ☐ US mail ☐ Federal Express ☐ UPS ☐ Other (specify) \_\_\_\_\_

Return to (self-addressed, stamped envelope or shipping label required):

Firm name \_\_\_\_\_ Contact person's name \_\_\_\_\_

Address (number, street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

## 9. All fees are to be included upon submitting this request for certificates.

Certificates Requested This Application	Number of Certificates	X	Fee	=	Amount Enclosed	
Export		X	\$ 25.00	=		
Distributor		X	25.00	=		
Free Sale		X	25.00	=		
Manufacturer		X	15.00	=		
One-time fee paid? <input type="checkbox"/> Yes Date paid: _____ <input type="checkbox"/> No Enter "1" in box _____		X	101.71	=		
TOTAL included in this application						

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

Date received	Application number	Payment type	Amount	Reviewer	Date denied	Date approved
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## INSTRUCTIONS

Effective July 1993, California law authorizes the Department of Health Services, Food and Drug Branch, to issue export documents upon request to California food, drug, medical device, and cosmetic firms wishing to export their products to other countries. Certificates are not required for export but are often required by the importing country. Documents are issued as follows:

**Export Certificate or Certificate of Free Sale:** Only for product manufactured in California facilities licensed, registered, permitted, or certified by the Department of Health Services. The name of the manufacturer and products will appear on the certificate.

**Distributor Certificate or Certificate of Free Sale:** Only for products manufactured in California facilities licensed, registered, permitted, or certified by the Department of Health Services. The name of the distributor and products will appear on the certificate.

**Certificate of Manufacture:** Only for firms licensed, registered, permitted, or certified by the Department of Health Services. This document is not an export document that may be used to demonstrate license, registration, permit, or certification status within DHS.

You must complete the application form, provide appropriate information, sign the form, and pay the necessary fee to obtain the export document. Following are instructions on completing this application:

1. Product type—select only one of the product types. A separate application is required for each product type.
2. California Manufacturer's Information

Manufacturer name: This is the name of the product manufacturer whose name appears on a licensing, registration, permit, or certification issued by the Department of Health Services. If desired, this name will appear on the export documents.

DHS license/registration number

Doing Business As (DBA): If you would like to have a doing business as (DBA) name on the export certificate, please indicate the name you wish to appear.

Address: Address of the product manufacturer whose name appears on a license, registration, permit, or certification issued by the Department of Health Services.

Contact person's name, telephone number, FAX number, and e-mail address.

3. Exporting Distributor's Information (if applicable)

Distributor name: This is the name of the party distributing the product. This name will appear on this distributor certificate. Please provide evidence that the particular lot of the product(s) was manufactured by the product manufacturer (e.g., a copy of invoice from the manufacturer).

DHS license/registration number.

Address: Address of the party distributing the product. This address will appear on the distributor certificate.

Contact name and telephone number.

4. Issue certificate in the name of—check either "Manufacturer" or "Distributor."

5. Products to be Shipped—State the product name that exactly matches the name on the label. This name will appear on any export or distributor certificate. Also state common or usual name of the product.

Product Labels

Food Products—An original label must be attached to this application for each product (photocopies *are not* acceptable). Typed or photocopied labels may be submitted with prior approval of the Department only if the labels are (1) printed or embossed directly on cans and bottles or (2) large labels (greater than 100 square inches in label size) printed directly on large boxes. Please *do not* send containers or actual products unless specifically requested by the Department of Health Services. Each application submitted without labels or labeling must include a written justification for the absence of the labels.

Medical Device, Drug, and Cosmetic Products—Your current label and labeling must be on file with the Department of Health Services. Please submit an original label and labeling if no previous export document has been approved for your product or the current label or labeling has not been previously submitted.

6. Name of country(ies) where products are to be shipped—(A separate certificate is required for each country. Enter up to four countries on form or attach a separate list.) Check box if additional list is attached.
7. Is this document to be notarized?—If document is to be notarized, *DO NOT* add notary fees in check sent to the Department of Health Services. Include name of Notary. Fee is \$10.
8. Ship via: Provide carrier name and account number. Attach a self-addressed, stamped envelope or shipping label. Provide firm name and contact persons name, telephone number, and address.
9. All fees are to be included upon submitting this request for certificates. Provide requested information including the totals field (see sample below).

Certificates Requested This Application	Number of Certificates	X	Fee	=	Amount Enclosed	
Export	4	X	\$ 25.00	=	\$100.00	
Distributor		X	\$ 25.00	=		
Free Sale		X	\$ 25.00	=		
Manufacturer		X	\$ 15.00	=		
One-time fee paid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date paid: _____ Enter "1" in box	1	X	\$101.71	=	101.71	
TOTAL included in this application					201.71	

Please sign, date, and print title of signatory. Mail or ship the application with appropriate enclosed fee to:

Via mail: Export Document Processor  
Department of Health Services  
MS 357  
P.O. Box 942732  
Sacramento, CA 94234-7320

Via Fed Ex, UPS, etc. : Export Document Processor  
Department of Health Services  
601 North Seventh Street, MS 357  
Sacramento, CA 95814

Seafood Application only:  
FAX to: (916) 322-6326  
(Follow up with mailed original and check.)

If you have any questions, please contact the Export Document Processor, Food and Drug Branch, at (916) 327-8040.